



Indiana State Department of Health
Breast and Cervical Cancer Program
Just the Fax----23 June 2003



**Urgent Reminder to ALL (BCCP) Providers Regarding
Diagnostic Reimbursement Requests**

In May 10, 2002 all BCCP Provider sites were mailed a letter detailing the policy for approval of diagnostic services utilizing the fax form entitled "Diagnostic Reimbursement Request". Since this date, all efforts have been made to accommodate provider sites in the best interest of BCCP participating women; however, due to budget cuts resulting from decreased funding, effective July 1, 2003, BCCP will be forced to decrease the number of women served by program funding, ultimately requiring strict monitoring of all grant expenditures on diagnostic services.

For BCCP providers, this means that completion and approval of all diagnostic procedures for BCCP participants prior (*) to the date of service is imperative.

Reimbursement for diagnostic services will be denied if a "Diagnostic Reimbursement Request" form is not received and approved by your regional BCCP staff.

Diagnostic services requiring pre-approval are:

- diagnostic mammograms
- breast ultrasounds
- breast biopsies
- fine needle aspirations of the breast
- colposcopy with or without biopsy
- high risk HPV typing.

() BCCP does not intend to interfere with the plan of care for our participants. Nor, do we wish to delay the diagnosis of a participant needing same-day services (i.e. breast ultrasound or biopsy); but **you must seek verbal approval within 2 business days in these instances or services will be denied.***

You may contact your BCCP regional coordinator or case manager for questions concerning this policy or for a copy of the "Diagnostic Reimbursement Request" form.